

State of New Hampshire



WATER DIVISION
WASTEWATER ENGINEERING BUREAU
6 HAZEN DRIVE P.O. BOX 95
CONCORD, NEW HAMPSHIRE 03301
(603) 271-3908



APPLICATION FOR WAIVER

Pursuant to: Env-Ws 800 - Sludge Management Rules

I. APPLICANT INFORMATION

1. Name of Applicant: _____
Address: _____

Zip: _____
Home Phone #: (____) _____
2. Name of Business/Site/Facility (as applicable): _____

Address: _____

Zip: _____
Tax Map #: _____ Lot#: _____ Deed Reference: _____
3. **Owner's Information (if different from above):**
Name of Owner: _____
Address: _____

Zip: _____
Owner's Phone #: (____) _____

II. ACTIVITY TO WHICH THIS REQUEST RELATES

- | | |
|--|--|
| <input type="checkbox"/> Sludge Facility Permit Application | <input type="checkbox"/> Sludge Site Permit Application |
| <input type="checkbox"/> Existing Sludge Facility
Facility Permit # _____ | <input type="checkbox"/> Existing Sludge Site
Site Permit # _____ |
| <input type="checkbox"/> Sludge Hauler Permit Application | <input type="checkbox"/> Existing Sludge Hauler |
| <input type="checkbox"/> Storage Tank Registration | Hauler Permit # _____ |
| <input type="checkbox"/> Other (specify): _____ | |

III. REQUIRED INFORMATION

1. Section(s) or Rule(s) to which this waiver is being sought:

Env-Ws- _____ Env-Ws- _____

2. Why a waiver is necessary:

- | | |
|--|---|
| <input type="checkbox"/> Insufficient Time to Comply with Rule | <input type="checkbox"/> Cannot meet Land Application Standards |
| <input type="checkbox"/> Financial Hardship | <input type="checkbox"/> Buffer Distances |
| <input type="checkbox"/> Storage Provisions, Stockpiles | <input type="checkbox"/> Storage Provisions, Containers |
| <input type="checkbox"/> Other (specify) _____ | |

Please Provide a Brief Explanation:

3. Explain what alternative you propose and provide supporting information (data) as necessary (use additional paper if required):

- ☐ Alternative Date to Submit Required Information: _____ (date)
- ☐ Alternative provides similar environmental and/or health protection
- ☐ Other (specify): _____

4. Provide a full explanation of how the alternative(s) for which the waiver is sought is consistent with the intent of RSA 485-A (Water Pollution and Waste Disposal) and RSA 485-C (Ground Water Protection Act).

5. Provide a full explanation of how the alternative(s) for which the waiver is sought will provide an equivalent level of protection of human health and the environment.

- IV. **SIGNATURE REQUIREMENTS:** By signing this application, I hereby assert that all information herein is accurate and the owner of the site or facility (if applicable) is in full agreement to this waiver request.

Signature of Applicant

Date

SUBMIT TO:

NH Department of Environmental Services
Wastewater Engineering Bureau
Attn: Sludge & Septage Management Section
P.O. Box 95, 6 Hazen Dr.
Concord, NH 03301

Questions? Please call:
(603) 271-7888